



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
MISSOURI CRITICAL ADAPTIVE BEHAVIORS INVENTORY (MOCABI)

APPLICANT:	DMH ID:
INFORMANT'S NAME:	
INFORMANT'S RELATIONSHIP TO APPLICANT:	
INTAKE WORKER:	
REGIONAL OFFICE:	
LOCATION OF INTERVIEW:	
LANGUAGE USED:	
DATE OF INTERVIEW:	
Adapted from assessment methodology developed by Paul J. Zumoff, Ph. D., for the New Jersey Division of Developmental Disabilities.	



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
MISSOURI CRITICAL ADAPTIVE BEHAVIORS INVENTORY
PERSONAL DATA SHEET

START HERE: READ OUT LOUD AND FOLLOW THE INSTRUCTIONS EXACTLY.

FIRST, DRAW A LARGE SQUARE ON THE BACK OF THIS PAGE, NOW!

AFTER DRAWING THE SQUARE, CONTINUE READING THE INSTRUCTIONS BELOW.

Please fill in the information requested below. You may write, print, or type your answers. If you cannot write, print or type, the intake worker will write your answers down for you. This task will be used to measure several important abilities. First, it will help measure your ability to read and follow directions. Second, it will help measure your ability to respond in writing to requests for information. Third, it will help measure your ability to provide personal data as needed, such as when you apply for a job, visit a doctor, etc. Thank you for your cooperation.

FULL NAME

DATE OF BIRTH

SEX

CURRENT MAILING ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER (INCLUDE AREA CODE)

SOCIAL SECURITY NUMBER

EDUCATION (CHECK HIGHEST LEVEL COMPLETED)

☐ GRADE SCHOOL ☐ HIGH SCHOOL ☐ SOME COLLEGE ☐ ASSOCIATE ☐ BACHELOR ☐ MASTER ☐ DOCTORATE

DESCRIBE YOUR CURRENT OR MOST RECENT JOB

DESCRIBE YOUR DISABILITY AND THE WAYS IT AFFECTS YOUR LIFE

ABOVE DATA FILLED IN BY THE

☐ APPLICANT ☐ INTAKE WORKER



STATE OF MISSOURI
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PERSONAL DATA SHEET



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
MISSOURI CRITICAL ADAPTIVE BEHAVIORS INVENTORY
ABILITY STATEMENTS

MAJOR LIFE ACTIVITY: CATEGORY I SELF-CARE	SOURCE OF INFORMATION								
	OBSERVATION			APPLICANT			INFORMANT		
	Y	N	?	Y	N	?	Y	N	?
1. Applicant independently feeds self; including cutting food, lifting food, and drink to mouth, chewing and swallowing when served a prepared meal and using personally-owned assistive devices if necessary. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Applicant independently toilets self, including transferring to toilet, wiping self and transferring from toilet using personally-owned assistive devices if necessary. If alternative methods of urinary voiding or fecal evacuation are applicable, applicant independently completes entire routine. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Applicant independently selects attire appropriate as to season and activity. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Applicant independently dresses and undresses self, including underclothes, outer clothes, socks and shoes, using personally-owned adapted clothes or assistive devices if necessary. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Applicant bathes self independently, including transfer to tub or shower, adjusting water, scrubbing, transfer from tub or shower and drying, using personally-owned assistive devices if necessary. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Applicant self-administers oral medications, including opening container, obtaining correct dosage, placing medications in mouth, swallowing (with or without liquid) and closing container, using personally-owned assistive devices if necessary. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Applicant's abilities in this category, as measured by these statements, are functional most of the time and in a variety of settings such as home, school, and/or work. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CATEGORY 1 SUBSTANTIAL FUNCTIONAL LIMITATION (One (1) or more statements marked No under Observation.)									
NO SUBSTANTIAL FUNCTIONAL LIMITATION (All statements are marked yes or ? under Observation, and all statements marked ? under Observation are marked Yes under at least one (1) other source of information.)									
POSSIBLE FUNCTIONAL LIMITATION (Neither Substantial Functional Limitation nor No Substantial Functional Limitation. Further assessment is required.)									
APPLICANT'S NAME:					DMH ID:				



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
MISSOURI CRITICAL ADAPTIVE BEHAVIORS INVENTORY
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MAJOR LIFE ACTIVITY: CATEGORY II RECEPTIVE AND EXPRESSIVE LANGUAGE	SOURCE OF INFORMATION								
	OBSERVATION			APPLICANT			INFORMANT		
	Y	N	?	Y	N	?	Y	N	?
1. Applicant can hear and comprehend the content of ordinary spoken conversations in the applicant's primary language using a hearing aid or other personally-owned assistive devices if necessary. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Applicant has sufficiently intelligible speech to communicate common words to individuals of casual acquaintance in the community. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Applicant has sufficient vocabulary, grammatical ability, or nonverbal communications skills to conduct ordinary business with individuals of casual acquaintance in the community. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Applicant can conduct a functional two (2)-way conversation over the telephone such as scheduling personal appointments or obtaining consumer information using an amplified telephone or other personally-owned assistive devices if necessary. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Applicant has sufficient sight and reading ability to access and comprehend ordinary written text using eyeglasses, dictionary, or other personally-owned assistive devices if necessary. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Applicant has sufficient physical skills, vocabulary, and grammatical ability to write or type a functional letter such a personal note to a friend or a response to a business or government communication using eyeglasses, typewriter, word processor or other personally-owned assistive devices if necessary. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Applicant's abilities in this category, as measured by these statements, are functional most of the time and in a variety of settings such as home, school, and/or work. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CATEGORY II SUBSTANTIAL FUNCTIONAL LIMITATION (One (1) or more statements marked No under Observation.) NO SUBSTANTIAL FUNCTIONAL LIMITATION (All statements are marked yes or ? under Observation and all statements marked ? under Observation are marked Yes under at least one (1) other source of information.) POSSIBLE FUNCTIONAL LIMITATION (Neither Substantial Functional Limitation nor No Substantial Functional Limitation. Further assessment is required.)									
APPLICANT'S NAME:					DMH ID:				



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
MISSOURI CRITICAL ADAPTIVE BEHAVIORS INVENTORY
ABILITY STATEMENTS

MAJOR LIFE ACTIVITY: CATEGORY III LEARNING		SOURCE OF INFORMATION								
		OBSERVATION			APPLICANT			INFORMANT		
		Y	N	?	Y	N	?	Y	N	?
1.	Applicant has sufficient hearing or sight and mental ability to access and comprehend the content of ordinary television or radio programming using a hearing aid, eyeglasses, or other personally-owned assistive devices if necessary. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Applicant has sufficient sight, sense of touch or sense of smell to identify common domestic products and is able to explain their common uses. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Applicant has sufficient money skills and sight of sense of touch to identify pennies, nickels, dimes, and quarters and to calculate the value of any combination of these coins up to \$2.00. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Applicant has sufficient time skills and sight, hearing or sense of touch to tell the time of day to the quarter hour, including A.M. and P.M., given a clock or watch appropriate for the applicant, using eyeglasses, hearing aid, or other personally-owned assistive devices if necessary. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Applicant is able to provide reasonably complete and accurate personal data, including name, date of birth, place of residence (street address, city, and state), telephone number, nature of disabling condition, education, employment data, etc. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Applicant is able to state in general terms the reason for this functional assessment after being given a full explanation by the intake worker. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Applicant is able to demonstrate memory of three (3) items (chair, apple, bird) given at beginning of interview. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	*Applicant's abilities in this category, as measured by these statements, are functional most of the time and in a variety of settings such as home, school, and/or work. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CATEGORY III										
SUBSTANTIAL FUNCTIONAL LIMITATION (One (1) or more statements marked No under Observation.)										
NO SUBSTANTIAL FUNCTIONAL LIMITATION (All statements are marked yes or? under Observation and all statements marked? under Observation are marked Yes under at least one (1) other source of information.)										
POSSIBLE FUNCTIONAL LIMITATION (Neither Substantial Functional Limitation nor No Substantial Functional Limitation. Further assessment is required.)										
APPLICANT'S NAME:					DMH ID:					



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MAJOR LIFE ACTIVITY: CATEGORY IV MOBILITY	SOURCE OF INFORMATION								
	OBSERVATION			APPLICANT			INFORMANT		
	Y	N	?	Y	N	?	Y	N	?
1. Applicant independently and safely moves about within indoor and outdoor environments, using a wheelchair, crutches, cane, or other personally-owned assistive devices if necessary. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Applicant independently and safely gets up and down curbs up to six inches high, using a wheelchair, crutches, cane, or other personally-owned assistive devices if necessary. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Applicant is able to pick up a towel or similar object from the floor, using personally-owned assistive devices if necessary. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Applicant independently and safely gets in and out of bed, using personally-owned assistive devices if necessary. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Applicant independently and safely operates ordinary household equipment such as TV, radio, oven, vacuum cleaner, etc., using personally-owned assistive devices if necessary. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Applicant crosses streets independently and safely. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Applicant independently and safely gets in and out of his/her place of residence, including locking and unlocking doors. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Applicant's abilities in this category, as measured by these statements, are functional most of the time and in a variety of settings such as home, school, and/or work. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CATEGORY IV									
SUBSTANTIAL FUNCTIONAL LIMITATION (One (1) or more statements marked No under Observation.)									
NO SUBSTANTIAL FUNCTIONAL LIMITATION (All statements are marked yes or? under Observation and all statements marked? under Observation are marked Yes under at least one (1) other source of information.)									
POSSIBLE FUNCTIONAL LIMITATION (Neither Substantial Functional Limitation nor No Substantial Functional Limitation. Further assessment is required.)									
APPLICANT'S NAME:					DMH ID:				



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MAJOR LIFE ACTIVITY: CATEGORY V SELF-DIRECTION	SOURCE OF INFORMATION								
	OBSERVATION			APPLICANT			INFORMANT		
	Y	N	?	Y	N	?	Y	N	?
1. Applicant makes and implements essentially independent daily personal decisions regarding a schedule of activities, including when to get up, what to do (for example, work, leisure, home chores, etc.) and when to go to bed. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Applicant makes and implements essentially independent major life decisions such as choice of type and location of living arrangements, marriage, and career choice. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Applicant possesses adequate social skills to establish and maintain interpersonal relationships with friends, relatives, or coworkers. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Applicant makes and implements essentially independent daily personal decisions regarding diet, including when to eat, where to eat, and what to eat. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Applicant is essentially independent in managing personal finances, including making decisions regarding allocation of financial resources and keeping track of financial obligations. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Applicant self-refers for routine medical and dental checkups and treatment, including selecting a doctor, setting appointment and providing a medical history as necessary. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Applicant's abilities in this category, as measured by these statements, are functional most of the time and in a variety of settings such as home, school, and/or work. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CATEGORY V									
SUBSTANTIAL FUNCTIONAL LIMITATION (One (1) or more statements marked No under Observation.)									
NO SUBSTANTIAL FUNCTIONAL LIMITATION (All statements are marked yes or? under Observation and all statements marked? under Observation are marked Yes under at least one (1) other source of information.)									
POSSIBLE FUNCTIONAL LIMITATION (Neither Substantial Functional Limitation nor No Substantial Functional Limitation. Further assessment is required.)									
APPLICANT'S NAME:					DMH ID:				



STATE OF MISSOURI
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MISSOURI CRITICAL ADAPTIVE BEHAVIORS INVENTORY
ABILITY STATEMENTS

MAJOR LIFE ACTIVITY: CATEGORY VI CAPACITY FOR INDEPENDENT LIVING OR ECONOMIC SELF-SUFFICIENCY	SOURCE OF INFORMATION								
	OBSERVATION			APPLICANT			INFORMANT		
	Y	N	?	Y	N	?	Y	N	?
1. Applicant generally carries out regular duties and chores (simple meal preparation, light housekeeping, etc.) safely and without need for reminders. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Applicant is aware of a variety of community activities such as religious services, continuing education, sports, volunteer organizations, movies, shopping, visiting friends, etc. and independently selects and participates in a least one (1) on a regular basis. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Applicant can be left alone for twenty-four (24) hours without being considered to be at risk. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Applicant is able to demonstrate knowledge of and competence for several traits of a good employee such as being prompt, attending regularly, accepting supervision and getting along with coworkers. (Applicant may be able to talk about school experiences as they relate to this area if no work history has been established.). Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Applicant is able to state several approaches to finding a job such as going to an employment agency, responding to ads, using personal contacts, etc. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Applicant is able to state a vocational preference and describe with reasonable accuracy the education and skills required. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Applicant demonstrates insight regarding the obstacles to independent living or employment consequent to the applicant's disability. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Applicant's abilities in this category, as measured by these statements, are functional most of the time and in a variety of settings such as home, school, and/or work. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CATEGORY VI									
SUBSTANTIAL FUNCTIONAL LIMITATION (One (1) or more statements marked No under Observation.)									
NO SUBSTANTIAL FUNCTIONAL LIMITATION (All statements are marked yes or? under Observation and all statements marked? under Observation Are marked Yes under at least one (1) other source of information.)									
POSSIBLE FUNCTIONAL LIMITATION (Neither Substantial Functional Limitation nor No Substantial Functional Limitation. Further assessment is required.)									
APPLICANT'S NAME:					DMH ID:				

DMH-9222